

POWERLIFTING ENTRY FORM

Area

Team Name

Head Coach Certified Coach

Cell Phone Home Phone Work Phone

Head Coach E-mail

NAME LAST, FIRST	AGE	DATE OF BIRTH	GENDER
Athlete # 1 <input style="width: 370px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>	<input style="width: 160px; height: 30px;" type="text"/>	<input type="radio"/> Male <input type="radio"/> Female

Male Weight Class

Female Weight Class

EVENTS CHECK 1 EVENT ONLY

<input type="checkbox"/> BENCH PRESS	<input type="checkbox"/> DEADLIFT	<input type="checkbox"/> SQUAT
<input type="checkbox"/> COMBINATION A - BENCH & DEADLIFT	<input type="checkbox"/> COMBINATION B - BENCH - DEADLIFT - SQUAT	

PRELIMINARY LIFT WEIGHT (ENTER WEIGHT IN POUNDS)

BENCH PRESS <input style="width: 140px; height: 30px;" type="text"/>	DEADLIFT <input style="width: 140px; height: 30px;" type="text"/>	SQUAT <input style="width: 140px; height: 30px;" type="text"/>
COMBINATION A <input style="width: 120px; height: 30px;" type="text"/>	COMBINATION B <input style="width: 120px; height: 30px;" type="text"/>	

Print 2 copies before hitting Reset. Keep 1 Copy and send 1 copy to the person listed in the Competition Schedule for your event.